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CONFIRMATION NO. 4569

<b>SERIAL NUMBER</b> 10/715,776	<b>FILING OR 371(c) DATE</b> 11/18/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 27374-006 CIP
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/427,153 11/18/2002 and claims benefit of 60/452,336 03/05/2003 and is a CIP of 10/132,779 04/25/2002 PAT 6,849,249 which claims benefit of 60/287,124 04/27/2001 and is a CIP of 09/935,126 08/21/2001 PAT 7,107,092 which claims benefit of 60/226,590 08/21/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 02/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Agustin L. Luevano</i> Examiner's Signature <i>J.R.</i> Initials			

**ADDRESS**  
30623

**TITLE**  
Ocular diagnosis of Alzheimer's disease

<b>FILING FEE RECEIVED</b> 964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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